



REQUEST FOR RE-EMPLOYMENT

State Form 51729 (4-04)

- ☐ Yes ☐ No Did you leave merit employment within the previous two (2) years?
- ☐ Yes ☐ No Did you leave in good standing?
- ☐ Yes ☐ No Did you have status in the job classification you are interested in applying?

If you answered yes, to all the above questions, you may be eligible for re-employment rights. Complete the following form for **each** position you are interested in being considered for re-employment and submit with a completed State Employment Application.

Name: _____

Social Security Number: _____ (The State is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes.)

Agency Name (where employed before): _____

Job Classification: _____

Dates Employed: _____

I request re-employment consideration into the job classification I am applying for:

_____ (Title of Job Classification)

I certify to the best of my knowledge that the above information is accurate.

Signature of Applicant: _____ Date Signed: _____

Agency Use Only:

Agency Verification:

Contact the State Personnel Department (Employee Data) to verify the following information:

- ☐ Yes ☐ No Did applicant leave merit employment within the previous two (2) years?
- ☐ Yes ☐ No Did applicant leave in good standing?
- ☐ Yes ☐ No Did the applicant have status in the job classification he/she is applying?
- ☐ Yes ☐ No Does the applicant meet all the requirements for re-employment?

Name(of person verifying information): _____

Title(of person verifying information): _____

Date(date information verified): _____

This completed form must be submitted with the Personnel / Payroll Action Form for all re-employments.